

sufficient to make a reasoned evaluation of the health effects of the substance, and that the substance may present an unreasonable risk of injury to human health. EPA identified the tests considered necessary to make a reasoned evaluation of the risks posed by the substance to human health. Based on these findings, a section 5(e) consent order was negotiated with the PMN submitter and a SNUR was promulgated.

EPA reviewed the testing which was conducted by the PMN submitter to address the potential neurotoxicity of the substance and determined that the information available was sufficient to make a reasoned evaluation of the health effects of the substance. EPA concluded that, for the purposes of TSCA section 5, the substance will not present an unreasonable risk and consequently revoked the section 5(e) consent order. The revocation of SNUR provisions for the substance designated herein is consistent with the revocation of the section 5(e) order.

In light of the above, EPA is revoking the SNUR provisions for this chemical substance. EPA will no longer require notice of any company's intent to manufacture, import, or process this substance. In addition, export notification under section 12(b) of TSCA will no longer be required.

III. Rulemaking Record

The record for the rule which EPA is revoking was established at OPPTS-50583 (P-86-66). This record includes information considered by the Agency in developing this rule and includes the test data that formed the basis for this revocation.

IV. Regulatory Assessment Requirements

EPA is revoking the requirements of the rule. Any costs or burdens associated with the rule will also be eliminated when the rule is revoked. Therefore, EPA finds that no costs or burdens must be assessed under Executive Order 12866, the Regulatory Flexibility Act (5 U.S.C. 605(b)), or the Paperwork Reduction Act (44 U.S.C. 3501 *et seq.*).

List of Subjects in 40 CFR Part 721

Environmental protection, Chemicals, Hazardous materials, Reporting and recordkeeping requirements, Significant new uses.

Dated: May 16, 1995.

Charles M. Auer,

Director, Chemical Control Division, Office of Pollution Prevention and Toxics.

Therefore, 40 CFR part 721 is amended as follows:

PART 721—[AMENDED]

1. The authority citation for part 721 continues to read as follows:

Authority: 15 U.S.C. 2604, 2607, and 2625(c).

§ 721.9760 [Removed]

2. By removing § 721.9760.

[FR Doc. 95-13141 Filed 5-26-95; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

42 CFR Part 57

RIN 0905-AE17

Grants for the Establishment of Departments of Family Medicine

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Final rule.

SUMMARY: This final regulation amends the existing regulations governing the program for Grants for the Establishment of Departments of Family Medicine authorized by section 747(b) of the Public Health Service Act (the Act), to bring the regulations into conformity with technical amendments made by the Health Professions Extension Amendments of 1992 and to include other changes for consistency with current grant program policies.

EFFECTIVE DATE: This regulation is effective May 30, 1995.

FOR FURTHER INFORMATION CONTACT:

Marc L. Rivo, M.D., Director, Division of Medicine, Bureau of Health Professions, HRSA, Room 9A-27, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857; telephone (301) 443-6190.

SUPPLEMENTARY INFORMATION: This final rule amends the existing regulations for Grants for the Establishment of Departments of Family Medicine, authorized under section 747(b) of the Public Health Service Act (the Act) (42 U.S.C. 293k). The Health Professions Education Extension Amendments of 1992 (Pub. L. 102-408) amended and renumbered former section 780 of the Act (42 U.S.C. 295g) to section 747.

Section 747(b) of the Act, as amended, authorizes the Secretary to make grants

to and enter into contracts with accredited schools of medicine or osteopathic medicine to meet the costs of projects to establish, maintain, or improve academic administrative units (which may be departments, divisions, or other units) to provide clinical instruction in family medicine. The primary purpose of the program is to assist family medicine academic administrative units to achieve comparability in status, faculty, and curriculum with those of other clinical units at the applying schools.

The Notice of Proposed Rulemaking (NPRM), published on July 19, 1994 in the **Federal Register** (59 FR 36733), proposed amendments to implement several statutory provisions made by Pub. L. 102-408 to section 747(b) by: (1) Revising the definitions of "academic administrative unit" and "other major clinical units", and add the term "clinical campus"; (2) revising and clarifying some program requirements—to permit a program applicant to use a program director from the clinical campus rather than the parent medical school, to extend a requirement to control a residency program to the clinical campus program, and to clarify that training to all medical students can be met by the combined effort of the parent family medicine administrative unit and the clinical campus administrative unit.

The public comment period on the proposed regulations closed August 18, 1994. The Department received 4 public comments. The comments received on the proposed rule to section 747 and the Department's responses to the comments are discussed below according to the section numbers and the headings of the regulations affected.

Section 57.1702 "Definitions"

The Department proposed to revise the following terms in this section:

Academic administrative unit or unit means a department, division, or other formal academic unit of a school of medicine or osteopathic medicine or clinical campuses of such schools that provides clinical instruction in family medicine.

The Department received positive response to this definition.

Clinical campus means a geographically separate educational entity of an accredited medical school that has been given the responsibility to coordinate or provide all clinical training for at least 10 percent of the school's third-year students.

The Department received 2 comments on this definition. One respondent favorably indicated that this definition "would give small programs the

autonomy necessary to respond to the demand for primary care practitioners in rural America.”

Another respondent requested that the clinical training requirement of 10 percent for third-year students be changed to 8 percent.

In response to this comment, the Department has reexamined this definition and has removed the phrase “for at least 10 percent of the school’s third-year students”. The Department has subsequently determined that there is a potential for a serious problem in determining and monitoring the eligibility of those clinical campuses that apply for funding based on the 10 percent criteria. The NPRM proposed that in order to be considered eligible for funding as a clinical campus, at least 10 percent of the third-year class must be in training at that clinical campus. The Department now believes that this criterion does not constitute an adequate basis for the identification of a clinical campus. This 10 percent of a small third-year class in a small school would not constitute a critical mass of students and educational structures necessary for the resources to plan an academic unit, comparable to other units, and therefore, the Department is removing this phrase from the definition.

The Department further modified this definition by adding the requirement that the clinical campus must be “recognized and identified as such by the American Academy of Family Physicians,” after the words “accredited medical school” as an objective method of determining those eligible. The American Academy of Family Physicians (AAFP) publishes annually the activities and status of family medicine teaching and training programs at medical schools. The publication is used as a valid reference work on the accreditation status of family medicine programs. Over the last several decades, PHS has relied upon the accessibility and accuracy of information on the current status of accreditation of family practice training and teaching programs through the AAFP data base.

Other major clinical units means formal academic units at the applicant school or its clinical campus that offer clinical instruction in internal medicine, obstetrics and gynecology, pediatrics, psychiatry, or surgery.

The phrase “or its clinical campus” was added to reflect the change to the definition of “academic administrative unit” cited above.

Section 57.1704 “Program Requirement.”

The Department revised paragraph (a) of this section. The phrase “in an administrative unit” was added to permit a program applicant to use a program director from the clinical campus rather than the parent medical school. In many instances the level of medical school involvement in the remote campus is not sufficient to exercise effective management of the training provided at the clinical campus.

The Department deleted a parenthetical phrase in paragraph (d) of this section, “(or in the case of a school of osteopathic medicine, have control over or be closely affiliated with)”, to remove the redundancy within this paragraph. The phrase “or clinical campus” was added to extend the requirement to control a residency program so that a residency program controlled by the parent medical school department would meet the residency requirement for an application for assistance for a clinical campus.

The parenthetical phrase in paragraph (e) of this section was added, “(or units in the case of schools with one or more decentralized units)”, to clarify that the requirement to provide training to all medical students can be met by the combined efforts of the parent family medicine administrative unit and the clinical campus administrative unit.

The Department added the phrase “or clinical campus” in paragraph (f) of this section to clarify that in comparing numbers of clinical faculty, the clinical campus family medicine administrative unit should be compared to other clinical campus units.

In addition to the changes proposed above, a number of technical and ministerial revisions were included to conform the existing regulations with amendments made by Pub. L. 102–408. The following changes were made to the regulations:

1. The section number of the Act was revised from “780” to “747” wherever it appeared in subpart R, as renumbered, and the United States Code citation was revised from “(42 U.S.C. 295g)” to “(42 U.S.C. 293k)”, in accordance with Pub. L. 102–408.

2. Section 57.1702, entitled “*Definitions.*”, was amended to revise the section number of the Act in the definition of “School of medicine or school of osteopathic medicine” from “701(5)” to “799(1)(E)”, in accordance with Pub. L. 102–408.

3. Section 57.1704, entitled “*Program requirements.*”, was amended to revise the section number “786(a)” in

paragraph (h) to “747”, in accordance with Pub. L. 102–408.

4. Section 57.1705, entitled “*How will applications be evaluated?*”, was further revised to reflect current statutory language, as required by section 798(a) of the Act, regarding the evaluation and recommendation process of awarding grant applications by removing the reference to the National Advisory Council on Health Professions Education and the section of the Act which established it. Pub. L. 102–408 repealed the Advisory Council effective October 1, 1992.

The Department further revised § 57.1709, entitled “*What other audit and inspection requirements apply to grantees?*”, to:

(a) Remove the reference to “section 705 of the PHS Act” concerning audit and inspection requirements because it is redundant to the requirements that are already covered under 45 CFR part 74; and

(b) Remove the parenthetical phrase at the end of the section text citing the OMB approval number regarding information collection requirements as no longer necessary.

Further, PHS strongly encourages all grant recipients to provide a smoke-free workplace and to promote the nonuse of all tobacco products, and Public Law 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Economic Impact

Executive Order 12866 requires that all regulations reflect consideration of alternatives, of costs, of benefits, of incentives, of equity, and of available information. Regulations must meet certain standards, such as avoiding unnecessary burden. Regulations which are “significant” because of cost, adverse effects on the economy, inconsistency with other agency actions, effects on the budget, or novel legal or policy issues, require special analysis.

This final rule governs a financial assistance training grant program in which participation is voluntary. The Department believes that the resources required to implement the requirements in these regulations are minimal. Because this final rule makes minor changes in an existing grant program, and in accordance with the Regulatory Flexibility Act of 1980, the Secretary certifies that this rule will not have a significant economic impact on small entities. For the same reasons, the Secretary has also determined that this

rule is not a "significant" rule under Executive Order 12866.

Paperwork Reduction Act of 1980

This final rule does not affect the recordkeeping or reporting requirements in the existing regulations for the Grants for the Establishment of Departments of Family Medicine.

List of Subjects in 42 CFR Part 57

Aged, Dental health, Education of disadvantaged, Educational facilities, Education study programs, Grant programs—education, Grant programs—health, Health facilities, Health professions, Loan programs—health, Medical and dental schools, Reporting and recordkeeping requirements, Scholarships and fellowships, Student aid.

(Catalog of Federal Domestic Assistance, No. 93.984, Grants for the Establishment of Departments of Family Medicine)

Dated: April 4, 1995.

Philip R. Lee,

Assistant Secretary for Health.

Approved: May 19, 1995.

Donna E. Shalala,

Secretary.

Accordingly, 42 CFR part 57, subpart R is amended as set forth below:

PART 57—GRANTS FOR CONSTRUCTION OF TEACHING FACILITIES, EDUCATIONAL IMPROVEMENTS, SCHOLARSHIPS AND STUDENT LOANS

1. The authority citation for subpart R is revised to read as follows:

Authority: Sec. 215, Public Health Service Act, 58 Stat. 690, as amended by 63 Stat. 35 (42 U.S.C. 216); sec. 780, Public Health Service Act, 90 Stat. 2311, as amended by 95 Stat. 221 and 102 Stat. 3146 (42 U.S.C. 295g); renumbered as sec. 747, as amended by Pub. L. 102–408, 106 Stat. 2042–2043 (42 U.S.C. 293k).

§ 57.1701 [Amended]

2. Section 57.1701 introductory text is amended by revising the section number of the Act "780" to read "747" and the United States Code "(42 U.S.C. 295g)" to read "(42 U.S.C. 293k)".

3. Section 57.1702 is amended by revising the section number of the Act "701(5)" in the definition of "*School of medicine or osteopathic medicine*" to read "799(1)(E)"; by revising the definitions of "*Academic administrative unit or unit*" and "*Other major clinical units*"; and by adding the definition "*Clinical campus*" to read as follows:

§ 57.1702 Definitions.

Academic administrative unit or unit means a department, division, or other

formal academic unit of a school of medicine or osteopathic medicine or clinical campuses of such schools that provides clinical instruction in family medicine.

* * * * *

Clinical campus means a geographically separate educational entity of an accredited medical school that is recognized and identified as a clinical campus by the American Academy of Family Physicians and that has been given the responsibility to coordinate or provide all clinical training for that clinical campus.

* * * * *

Other major clinical units means formal academic units at the applicant school or its clinical campus that offer clinical instruction in internal medicine, obstetrics and gynecology, pediatrics, psychiatry, or surgery.

* * * * *

4. Section 57.1704 is amended by revising the section number "786(a)" in paragraph (h) to read "747"; and by revising paragraphs (a), (d), (e), and (f) to read as follows:

§ 57.1704 Program requirements.

* * * * *

(a) Each project must have a project director, who works at the grantee institution in an administrative unit of the grantee institution on an appointment consistent with other major departments, heads or will head the unit, and has relevant training and experience in family medicine.

* * * * *

(d) The unit must have control over a residency training program. The program must have the capacity to enroll a total of at least 9 interns or residents annually. A unit whose applicant school or clinical campus does not have a residency program accredited under its direct authority will be considered as meeting this requirement if it has a written affiliation agreement with a hospital which conducts a residency program as described.

(e) The unit (or units in the case of schools with one or more decentralized units) must have responsibility for providing instruction to each member of the student body who is engaged in an education program leading to a degree in doctor of medicine or doctor of osteopathic medicine. The amount of mandatory and elective curriculum must be comparable to the amount of mandatory and elective curriculum time required for other major clinical units at the school.

(f) The unit must have, in the judgment of the Secretary, a sufficient

number of full-time faculty to conduct the instruction. The number of family medicine faculty in the unit must be comparable to that of full-time faculty responsible for conducting the instruction of one of the other major clinical units either at the school or at the clinical campus, whichever is the same as the unit receiving the grant funds.

* * * * *

5. Section 57.1705 is amended by revising the introductory text to read as follows:

§ 57.1705 How will applications be evaluated?

As required by section 798(a) of the Act, each application for a grant under this subpart shall be submitted to a peer review group, composed principally of non-Federal experts, for an evaluation of the merits of the proposals made in the application. The Secretary may not approve such an application unless a peer review group has recommended the application for approval. The Secretary will award grants to applicants whose projects will best promote the purposes of section 747 of the Act and this subpart. The Secretary will consider, among other factors:

* * * * *

6. Section 57.1709 is revised to read as follows:

§ 57.1709 What other audit and inspection requirements apply to grantees?

Each entity which receives a grant under this subpart must meet the requirements of 45 CFR part 74 concerning audit and inspection.

(Approved by the Office of Management and Budget under control number 0915–0060)

[FR Doc. 95–13130 Filed 5–26–95; 8:45 am]

BILLING CODE 4160–15–P

FEDERAL COMMUNICATIONS COMMISSION

47 CFR Part 15

[ET Docket No. 92–165; FCC 93–260]

Restricted Bands of Operation

AGENCY: Federal Communications Commission.

ACTION: Correcting amendments.

SUMMARY: This document contains corrections to the final regulations which were published June 21, 1993 (58 FR 33774). The regulations relate to the expansion of the restricted bands of operation for international radiators.

EFFECTIVE DATE: May 30, 1995.

FOR FURTHER INFORMATION CONTACT: